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MALGAIGNE'S OPERATIVE SURGERY,

TWENTY-FOUR PAGES.

CLINICS.

Clinical Medicine. Introductory Observations to a Course of Clinical Instruction. By J. H. BENNETT, M. D., Prof. of Institutes of Medicine and Clinical Medicine, Edinburgh.—Gentlemen: The study of medicine has been regarded in a twofold aspect, as a science and as an art; as regards the theory and the practice—the principles and their application. We can trace the germs of theory and practice in medicine to a very early period. At first, indeed, the art must necessarily have consisted of experience and observation alone. It was Hippocrates who added philosophy and reasoning to experience, and introduced those discussions which led to the overthrow of empiricism, and final triumph of dogmatism, six hundred years later, in the time of Galen. Since then, although the medical profession has uniformly conjoined the results of reasoning and experience, each of these two methods has had its favourite supporters. Even at the present day, you will find persons who complacently call themselves practical men, who sneer at all modern advances in pathology. Others are apt to at-

tribute too much importance to theory, and regard with feelings approaching to contempt, him whom they denominate a routine practitioner. Hence, unfortunately, it too often happens that practical men are comparatively, unacquainted with physiology and pathology; whilst those who dedicate themselves to the latter studies, are very skeptical as to the effects of remedies. On this subject, Cullen observed, eighty years ago, what equally applies at present:—“Every one now-a-days pretends to neglect theory, and to stick to observation. But the first is in talk only, for every man has his theory, good or bad, which he occasionally employs; and the only difference is, that weak men who have little extent of ability for, or who have had little experience in, reasoning, are most liable to be attached to frivolous theories; but the truly judicious practitioners and good observers, are such as have the most extensive views of the animal economy, and know best the true account of the present state of theory, and, therefore, know best where to stop in the application of it.”

There can be no doubt that a too exclusive attention either to theory or practice,

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tends to circumscribe the usefulness of the physician, whilst it is the proper cultivation of both which constitutes the rational medicine of the present day. Thus, while we lose no opportunity, and employ all the means which the improved state of science furnishes us with, of investigating the morbid anatomy and causes of disease, we correct the theoretical conclusions to which these alone might lead us, by practical experience and observation. Our active and speculative powers should go hand in hand, so that, by a union of theoretical knowledge and practical skill, we may advance both to their farthest limits. It is by cultivating medicine in this spirit that the clinical school of Edinburgh has rendered itself so famous. Those who taught the theoretical branches of medicine from their chairs in the University, were those who taught the practice in the wards of this Infirmary. They were enabled to demonstrate how, on the one hand, correct observation led them to just deduction, and on the other, how a knowledge of general principles caused them to be more accurate and acute in observation. Nor was this the only advantage derived from our system of clinical instruction. The student having an opportunity of hearing the opinions and seeing the practice of several teachers: at one time following the professor of the theory, at another the professor of the practice of medicine; now the professor of *materia medica* and therapeutics, and now the professor of botany, or of anatomy, obtained that freedom from exclusiveness, and that power of self-judgment which is so much to be desired in medical practitioners. Indeed, it is impossible to estimate too highly the advantages which have resulted from such a system, as it has been carried on uninterruptedly by the professors of this university, for upwards of one hundred years.

Your object, gentlemen, in coming here, is, I presume, to observe disease for yourselves. To observe with advantage, two things are necessary: 1st, the correct appreciation of actual facts, as communicated to the senses of the practitioner or of his patient; 2d, deducing from these a correct judgment as to the nature of the disease, and the proper indications of cure. Both these processes are very difficult. Some men have a natural aptitude for one, and some for the other. Again, they are fre-

quently confounded together, some considering to be facts what are only theories, and others imagining that to be theoretical which is truly fact. Thus the assertion that a man is labouring under apoplexy, pneumonia, pericarditis, and so on, is only stating the opinion or theory, the practitioner holds with regard to his case, although such assertion is generally received as a fact.—Again, when it is said that *porrigo favosa* consists of vegetable fungi, growing on the scalp, the statement, though generally received as mere theory, is truly a fact, inasmuch as the vegetations may actually be demonstrated, and rendered as visible to the eye as trees growing in a plantation. Indeed, the just distinction between theory and fact is a matter which has excited lively discussion, and hence the celebrated saying of Cullen, that there are more false facts than false theories in medicine.

If, in medical observation, we define a fact to be anything which is obvious to the well-cultivated senses of the observer, we, perhaps, approach as near accuracy as is possible. Remark, I say well-cultivated, because the senses require to be educated before they can receive proper impressions. In this lies the great difficulty in teaching practical medicine, for what is obvious to the sight of an experienced practitioner, is overlooked by the student; the sound which is heard by the one, is inaudible to the other; what the first feels distinctly is not tangible to the second. Now this instruction of the senses constitutes a kind of information which cannot be obtained from others; you must acquire it for yourselves. Of late years, also, the detection of facts has been greatly facilitated by the appropriate use of instruments, whereby what at one time was conjectural is now rendered certain. Thus, the existence of many diseases, which could formerly only be arrived at by a happy speculation, or by a rare sagacity, is easily demonstrated by those who know how to employ, judiciously, chemical tests, microscopes, stethoscopes, pleximeters, specula, &c. To carry observation, then, to its utmost extent, we must learn how to avail ourselves of all these means in the examination of the signs and symptoms of disease.

On the other hand, gentlemen, a sound and correct judgment is equally necessary, in order that the cultivation of the senses may lead to a proper end, and indicate the

direction in which you must act for the benefit of the patient. For this purpose a certain degree of preliminary instruction is absolutely essential before you can be qualified to attend an hospital with advantage. Indeed, I must take it for granted, that before coming here you are tolerably well acquainted with anatomy and chemistry; that you have studied the institutes of medicine, that is, the present state of histology, physiology, and pathology, and that you have a notion of the *materia medica*, and of the effects of remedies on the economy. Thus prepared, you commence a series of visits to the bedside of your fellow-creatures, labouring under disease—in other words, a course of clinical instruction.

What should we understand by clinical instruction? It is not attendance on clinical lectures—it is not learning the opinions of your teacher—in short, it is not deriving knowledge from others. It is acquiring medical information for yourselves—it is the learning how to observe—it is that education of the senses to which I have alluded; and, from thence, the formation of that sound judgment which will enable you to act for the benefit of your patients. Medicine is not only a science, it is an art. The laws and facts of science you will learn elsewhere. Here you must endeavour, keeping those laws and facts in remembrance, to found upon them an art. No art can be communicated. It must be learned by continual practice and experience; and it has always appeared to me that the great aim of clinical instruction should be to enable the student to acquire that art for himself.

How are all arts acquired? A young mechanic, when he makes a chair, follows exactly the same process as those who study what are called the fine arts. That is, he learns how to do what his master did before him. He imitates his plan of proceeding. His first attempts are rude and uncouth; his subsequent ones are more perfect, until, at length, by continual practice, he is enabled to equal, or surpass, his instructor. In painting, sculpture, and music, there are principles which must be attended to, and which are learnt from others; but no man can become a painter, a sculptor, or a musician, without obtaining practical skill as an artist, in the way now alluded to. It is thus, and thus only, that art descends from the old to the young.

Now, it will be my endeavour to afford

you every facility for learning medicine as an art. For this purpose, the course will consist of two kinds of instruction. 1st, lectures; 2d, the examination of, and the prescribing for, the patients by the student. In the lecture, I shall direct your attention to the histories of the cases we have previously examined, notice the difficulties in diagnosis, or peculiarities they may have presented—speak of the treatment which has been employed, or of the recorded experience of those who are acknowledged to be worthy guides for our imitation—and lastly, touch upon such points of doctrine or speculation as may be serviceable to us in our efforts at cure. At the bedside I shall call upon such of you as wish to exercise yourselves in observation, to examine the patient, according to a plan which I shall subsequently communicate to you: then, having elicited the facts, to form a judgment as to the nature of the case; and lastly, to suggest a plan of treatment, and prescribe for the patient. In doing this, numerous opportunities will present themselves for the communication of practical instruction in the use of various instruments, of improving the observing and reflecting powers, and of obtaining a familiarity with the method of combining medicines in extempore prescriptions.

This plan of clinical instruction has been for a long time practiced on the continent, and especially in Germany. It was also followed by Dr. Graves, in Dublin. I have myself taught in this way for the last nine years, to classes not exceeding twenty-five, at the Royal Dispensary; and last year it was tried with the large University class, in this Infirmary. I have never found that it produced the smallest inconvenience to teacher, student, or patient, or was open to the slightest objection; but, on the contrary, it has been productive of good to all parties. It gave me much pleasure to observe, last year, the readiness with which the students entered into this plan, and the evident advantage they derived from it; nor can there be any doubt that, this session, we shall unite and co-operate in like manner, for our mutual advantage.—*Month. Journ. Med. Sci.*, Jan. 1850.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

The "Potencies."—The *Laymen's Homeopathic Association* of Cincinnati state,

in reference to homœopathic practice in this city, that their *largest* dose is the "sixth potency or attenuation, and are less than the sextillinth of a grain; and are entirely beyond the reach of the senses, or the most delicate chemical tests." And they add: "A single grain prepared and used as they prepare and use it, would suffice for all the homœopathic physicians in the city for an entire year."—*Western Lancet*, Feb. 1850.

A Homœopathic Fee.—One of the most celebrated homœopathists of Paris has been "*spirituellement mystifié*" by a patient. A well-known general had placed himself under his care for a gastralgia, which had proved rebellious to allopathic treatment. The homœopath promised marvellous things, but had no better success than the allopath. After three months of globules, the general became impatient, and expressed his impatience in very military style. The homœopath asked another month's trial, which elapsed, and with it all hopes of amelioration. The man of war became angry, and, in his wrath, addressed the following letter to the man of globules:—"Doctor, I have passed four months in swallowing your vile seeds, veritable simploton's grain. I am much obliged to you. Keep them for others. You deserve, however, a homœopathic honorarium. I therefore inclose the most extreme dilution of our monetary system." The letter contained one centime.—*Month. Journ.*, Feb. 1850, from *Bulletin de Thérapeutique*.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Speaking-tubes for Physicians' Houses.—The following correspondence, communicated to us by Dr. H. BOND, of this city, relates to a subject of interest to the profession, and we with pleasure give it a place in our pages:—

PHILA., Feb. 18, 1850.

Dr. Z. B. ADAMS:

MY DEAR SIR—In the last number of the *London Lancet* (Jan. 1850, p. 96), is a communication upon methods by which a physician ("surgeon") may answer the summons of his nightbell without the dangerous exposure of his person at an open window, upon suddenly leaving his bed, and perhaps in delicate health. It is worthy of remark

that the writer, Dr. J. F. Brown, makes no reference to those cases, often occurring, where the physician's lady is obliged to rise and answer the summons.

It is now many years since I first observed in Boston a sort of telegraphic communication between the street doors and chambers of physicians; and the first one I ever noticed was at your house. Three plans are proposed by Dr. Brown, none of which seem to have been tested, and all of which seem to me to be decidedly inferior to that long used in Boston. Will you do me the favour to give me the following information:—

1. At what time, and with whom did your plan or practice originate?
2. A description of it; such as will enable others to adopt it—giving the dimensions and construction of the tube, and the form of its two terminations, and any other necessary information.
3. How far it answers its intended purpose, and what are its defects. Does it enable you to hold conversation with a messenger? Does it subject yourself or your family to any inconvenience or annoyance?

By answering these inquiries you will oblige an old friend, and may be doing an important favour to some of your professional brethren.

Very respectfully, your already obliged friend,

H. BOND.

BOSTON, Feb 20, 1850

MY DEAR DOCTOR—Speaking tubes have become so common with us, that we have hardly considered them a novelty anywhere. Without thinking to make the inquiry, I really supposed they were in general use.

I do not wish to arrogate anything to myself, and least of all should I lay any claim to the invention; yet I think I may in truth say, that I was among the first, if not the very first physician here, who had one fixed in his house.

The suggestion came to me in this wise: I was one day (twenty or twenty-five years ago) visiting a gentleman, by the name of How, who had just moved into a new house, built for himself. He was in his chamber, the third story from the kitchen, and wanting a bowl of water and a towel, he stepped into a closet and asked for them, in his ordinary tone of voice. In due time, a servant appeared bringing the articles, at which I expressed some astonishment; whereupon

soon showed me the contrivance. I immediately had one put into my house, from my sleeping chamber to the front door, and another from my nursery to the kitchen. I believe almost every physician in town now has one.

You will recollect, that in the house in which I now reside, I sleep in the third story, and yet I can communicate with any one at the front door (if there is no noise in the street), in a *whisper*, if I choose.

It is simply a tin tube, about one inch in diameter, with a mouth-piece at each end, leading from some convenient place near the head of your bed, to about a foot above the bell-handle, at the street-door. A stopper should be placed in the upper end, to prevent the air from blowing in, also to prevent unruly boys from disturbing you in the night.

When a messenger comes in the night and rings the bell, you have simply to take out the stopper and inquire who is there, in your ordinary voice. If it be any one acquainted with the contrivance, you have no difficulty; but even a stranger will soon answer, if you repeat the question; and by putting your ear to the tube, you can hear his answers in the door recess, although he does not apply his mouth to the tube. By this apparatus, you can communicate with persons from without, as easily as if face to face; or if you are absent, any of your household may do the same, without the least exposure to the external atmosphere.

Respectfully and truly yours, &c.,

Z. B. ADAMS.

N. B. It is not necessary it should be straight, it may take the angles of the house.

Medical Society of the State of Pennsylvania.—The annual meeting of the society for 1850, will be held in the Comptroller's Chamber, Athenaeum Buildings, Sixth below Walnut street, in the city of Philadelphia, on Wednesday, April 17th, at 11 o'clock A. M. Delegates from county societies are requested to report, as early as possible, to the undersigned.

HENRY S. PATTERSON,
92 Arch st., Phila., } Recording
GEORGE B. KERFOOT, } Secretaries.
Lancaster,

Delegates to the Convention for Revising the National Pharmacopœia.—The following additional names have been reported

since the announcement in the last number of the *Medical News*:

From "The Rhode Island Medical Society," DR. JOSEPH MAURAN.

From "The Wisconsin State Medical Society," GEORGE D. WILBER, M. D.

From "The Medical Society of Delaware," DR. J. N. JUMP, J. D. PERKINS, and J. W. THOMPSON.

GEO. B. WOOD,
Vice-President of the Pharm.
Convention of 1840.

PHILADA., March 22d, 1850.

New York State Medical Society.—At the annual meeting on the 5th of February, the following were elected delegates to the American Medical Association:—DRS. CHARLES S. GOODRICH, A. H. STEVENS, J. R. MANLEY, J. R. WOOD, J. C. CHEESMAN, HIRAM CORLESS, S. H. FRENCH, T. W. BLATCHFORD, R. G. FRANY, S. SNOW, HENRY MITCHELL, A. WILLARD, J. M'CALL, J. S. SPRAGUE, N. H. DEHRING, B. BURWELL, T. SPENCER, A. THOMPSON, J. P. WHITE, G. W. BRADFORD.

Montgomery County Medical Society.—At the last annual meeting of this society, DR. JOHN FOULKE, WASHINGTON G. NEUGENT, and JNO. SCHRACK, were elected delegates to represent the society at the annual meeting of the State Society the present year.

Army Medical Board.—A Board of Army Surgeons, for the examination of Assistant Surgeons for promotion, and of applicants for appointment to the Medical Staff of the Army, will convene in the city of New York on the 15th of May next, and will probably continue in session for three or four weeks.

Applications must be addressed to the Secretary of War; must state the age and residence of the applicant; and must be accompanied by respectable testimonials (mere references are not sufficient) of his possessing the moral and physical qualifications for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Philadelphia Association for Medical Instruction.—DR. W. V. KEATING has been appointed lecturer on Obstetrics in the place of DR. D. TUCKER, elected to the Chair of

Practice in Hampden Sidney College, Richmond, Va.

—
Medical Graduates in 1850.—Medical School of Harvard University, 23.

College of Physicians and Surgeons, N. Y., 49.

Medical Department of the University of Louisville, 113.

Medical College of Ohio, 42.
Buffalo Medical College, 27.

University of the City of New York, 111.
Jefferson Medical College, 211.

Pennsylvania Medical College, 34.
Albany Medical College, 26.

Medical Institution of Yale College, 16.

—
Bills of Mortality in New York.—The annual report of the city inspector of New York, transmitted to the common council a few days ago, states the total number of deaths in that city during the year 1849, at 23,773: males, 12,469; females, 11,304. In 1848, the total number was 15,919. The monthly aggregates were as follows:—

January,	1332	July,	5296
February,	1341	August,	3995
March,	1405	September,	1785
April,	1443	October,	1277
May,	1392	November,	992
June,	2306	December,	1209
Total mortality, 1849,		23,773	
Do. do. 1848,		15,919	
Increase in 1849,		7854	

The following report is given, as to ages: Under 10 years, 10,177; from 10 to 20 years, 1074; over 50 and up to 100, 2923; over 100, 7.

—
Obituary Record.—Died, at Boston, on the 2d of March, JOHN D. FISHER, M. D., one of the acting physicians of the Massachusetts General Hospital. Dr. F. was highly esteemed for his worth as a man, and for his skill as a practitioner.

FOREIGN INTELLIGENCE

Etiology of Typhoid Fever.—M. CHOMEL has lately been delivering some clinical lectures on the disease which he has already so admirably described. We abstract from an account of these lectures in *L'Union Médicale*, the opinions of the lecturer on the cause of typhoid fever. He (M. Chomel)

believes that physicians have in general made a veritable romance of the causes of diseases, more often basing them on a pre-conceived opinion, than on the simple observation of nature. With regard to many diseases, the causes are hardly yet recognized. With regard to others, the cause is perfectly known by its effects, although its principle and intimate nature are unknown. Such effects are the diseases known as small pox, measles, scarlatina, syphilis, glanders, and marsh fevers, which all arise from specific causes. Is typhoid fever to be approximated to those diseases—is there, in fact, a virus? This seems almost certain. Connected with this question, the question of the contagion of typhoid fever may be examined. Two species of contagious virus may be admitted, the one indigenous, the other exotic. The exotic poisons are those which cannot arise spontaneously in a country; thus the variolous and morbillious poisons do not spontaneously arise in Europe, but have been brought to us from without. Typhoid fever is, on the contrary, an European malady; it is indigenous; it can arise spontaneously, but also it can, perhaps, be propagated by contagion. The contagion can be judged only by facts negative or positive. Among the negative facts may be mentioned, the small number of those visiting the sick who are attacked; the rarity with which patients are able to state that they have been in the vicinity of diseased individuals. Also there is little doubt, that few persons entering into an hospital for another disease, take typhoid fever from such cases as happen to be there at the time. During nineteen years that M. Chomel has been physician to the Hôtel Dieu, there have been admitted yearly into his clinique from 600 to 800 persons, and yet there have been only four cases of persons who have contracted typhoid fever in the wards. On the other hand, exceptions may be taken to the negative facts, while there are certain positive facts which speak strongly for contagion. Thus the immunity of visitors may be partly explained by the fact, that many have previously suffered from the disease, for typhoid fever is a very common disease from which few persons escape. Then, in many cases, typhoid fever does seem to transmit itself from person to person. M. Chomel has often seen one, two, or three persons of the same family fall sick after nursing one of their relations; the father

and the mother, on account of their age, are rarely attacked; the brother and sister are often so; and what is remarkable, the disease in them often presents a great similarity. Again, nurses are much more liable than other persons. "Les sœurs patient le typhus," is their common expression. The rule is, that nurses are attacked; to escape, is the exception. Students of medicine are also very liable. The transmission of typhoid fever can hardly be traced in a great city like Paris, but neither can that of small-pox; indeed, there are in Paris physicians, who, for this reason believe, that small-pox can arise spontaneously. In the country, however, the transmission of typhoid fever can be often followed, as has been perfectly done by M. Bretonneau, who has seen the disease carried from one village to another, and propagated gradually among those about the sick person.

From all these facts it results, that if the contagion of typhoid fever is not demonstrated, it is yet very probable. Yet this contagion is feeble, and, therefore, in order that there shall be transmission, certain special and particular conditions are demanded.

M. Chomel remarks, that typhoid fever, like small pox or measles, attacks only once during life; it resembles these diseases also, by presenting an eruption as one of its most constant symptoms; but as there can be variola sine variolis, morbillia sine morbillis, so also can there be typhoid fever without rose spots. In typhoid fever, as in other contagious diseases, the intensity of the disease bears no necessary relation to the anatomical signs; persons may die from the extreme intensity of disease before the intestinal lesions appear. Only the malady itself, and not its local manifestations, can explain the march and termination of the symptoms. This is the case with all contagious diseases, and marks a great difference between them and those affections, as pneumonia or other inflammations, which do not arise from specific viri.—*Med. Times*, from *L'Union Médicale*, Dec. 18.

Pure Almond Oil a Pure Substitute for Cod-liver Oil.—Messrs. DUNCAN and NURM, of Colchester, state that their experience in 250 cases is highly favourable to the therapeutical virtues of the oleum amygdalarum as a substitute for cod-liver oil. They prescribe it in 3j doses half an hour after

every meal, gradually increasing the dose.—*Lond. Med. Gaz.*, Feb. 1850.

Question of Immediate Amputation.—This question, after severe accidents befalling limbs, is confessedly of a difficult and delicate nature; and it is surrounded with still more uncertainty by the singular cases of recovery after severe injury which are from time to time published. We find, in *L'Union Médicale*, of the 14th of February, 1850, a case reported by Dr. DUVERNOY, where a young agricultural labourer had his right arm caught in a thrashing-machine and frightfully lacerated. All the soft parts of the lower, internal, and anterior part of the arm were crushed and torn, and a portion of the internal condyle was denuded. The brachial artery was torn asunder, the upper end of that vessel laid bare for about an inch, and it might be seen pulsating isochronously with the heart; the arteries of the forearm could not be felt. On consultation, amputation was decided on, but the patient would not consent to the operation before the arrival of his parents, who were sent for. Meanwhile, the wound was carefully dressed, and a certain amount of heat preserved to the limb. Three days elapsed until the patient's friends arrived, and as no symptom of gangrene had appeared (the fear of that complication had had much weight in the opinion given as to the necessity of the removal of the limb), hopes were entertained that the young man's arm might be saved. He eventually recovered with false ankylosis, and was even able to perform very heavy agricultural work.—*Lancet*, March 9, 1850.

Chloroform and Stimulating Enemata in Abortion.—Mr. I. B. BROWN briefly mentioned at a meeting of the Westminster Medical Society (Feb. 16th, 1850), a case of abortion at the sixth week, in which he was enabled to remove the ovum, which was descending irregularly, and was grasped by the os uteri, by placing the patient under chloroform. The os dilated under its influence, and he removed the ovum easily; hemorrhage, which had previously existed to a considerable extent, immediately ceased. Mr. Brown contended strongly for the employment of chloroform under such circumstances.

Dr. TYLER SMITH, without wishing to call in question the interesting observations

of Mr. Brown, had never seen a case of abortion in the early months in which he could not get away the ovum by means of a stimulating enema, such as turpentine, or a solution of cathartic pills, or a purgative mixture. He had seen some remarkable cases, in which this treatment had been most successful. In one case, which he had attended with Dr. Cormack, the patient's life had been saved, when at the last extremity, by this proceeding. The use of an enema invariably produced reflex dilatation of the os uteri, and contraction of the uterus itself.

Dr. CORMACK could safely assert, that in the case referred to by Dr. Tyler Smith, a turpentine enema had saved an aborting woman from impending death.

Sanitary Measures in Dissecting-rooms.

—M. SUQUET recently addressed to the Academy of Sciences of Paris a letter, with further details, concerning his plan of rendering dissecting-rooms innoxious, by injections of sulphite of soda. The author considers that his method is now brought to the greatest possible perfection, as he is enabled to prevent the action of the sulphite of soda upon the knives used in dissection. This is effected by placing, for forty-eight hours, the solution of the sulphite, previously rendered neutral, into tubs containing zinc filings. A certain proportion of sulphite of zinc is thereby formed, and the solution of sulphite of soda loses the property of acting upon the dissecting instruments.

Law of Mortality in Phthisis.—In this disease, in which the mortality is almost equally formidable, Dr. Duncan has of late shown, that some singular facts obtain; males are more liable to phthisis *in cities*; females *in the country*. It is known, that those attacked at Sheffield of "grinder's rot," or "grinder's asthma," are all men, and die before they reach thirty-two years of age. Stone-masons, miners, coal-heavers, flax-dressers, and many other male occupations, also, come into the same category. The passions and the mind Dr. Duncan represents as having more to do with the origin of phthisis than is usually allowed; hence, in a *whole country*, he says, England or Ireland, for instance, the preponderance is at the side of the weaker sex. Mr. Farr long since stated the fact, and ascribed it

to tight-lacing, very properly remarking, "Girls have no more need of artificial bones than boys." Dr. Duncan, however, thinks this has little to do with the matter. Exposure of the chest, confinement to the house, deprivation of the light and heat of the sun, also alluded to by the registrar-general, Dr. Duncan considers of less moment than the moral emotions.—*Med. Times*, Jan. 12.

Strychnine in Chorea.—Dr. TROUSSEAU, physician to the Children's Hospital of Paris, has very strongly recommended strychnine, or rather the sulphate of that alkaloid, in chorea. The doses are to be increased until some physiological action, as trismus, or stiffness of limbs, is produced; the convulsive movements then diminish materially, and several complete cures have taken place. Dr. Troussseau gives the sulphate of strychnine in the form of syrup; one grain of the former to a hundred of the latter, administered in the following manner. According to the age of the child, two or three teaspoonfuls of the syrup may be given on the first day. One spoonful is added, per diem, until six a day are taken. After this, one dessert-spoonful is day by day substituted to the teaspoonful; and when six dessert-spoonfuls a-day are being taken, they are changed with the same gradations into tablespoonfuls. When six a-day of the latter description are being taken, the increase must be made at two days' interval. The limit for children thus treated has been seven, nine, and ten per diem. These doses are best given every four hours. The trismus and stiff limbs, which sometimes come on suddenly, should not frighten either the patient's friends or the physician; this tetanic dose is indispensable for cure. Dr. Troussseau mentions that out of four little patients, severely affected with chorea, and thus treated, three were cured, and the fourth was in a fair way of recovery when this physician left the acute wards.—*Ibid.*, Feb. 16, 1850.

Obituary Record.—Died, at Munich, on the 29th of Dec., M. WALTHER, Professor in the University of that city.

—on the 24th Dec., of bronchitis, after a few hours' illness, Dr. KIDD, Inspector of Military Hospital.

—at Padua, Professor GIACOMINI, one of the most distinguished medical writers of Italy.